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Supplemental Table 1: PTH categories and mortality: effect of progressive adjustment, GCC DOPPS (2012-2018)

PTH category	Hazard Ratio (95% CI) for Mortality					
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
< 150	1.56(1.01-2.41)	1.56(1.00-2.43)	1.52(0.98-2.36)	1.46(0.93-2.28)	1.46(0.93-2.31)	1.36(0.87-2.14)
150-300	1.44(1.02-2.03)	1.46(1.03-2.07)	1.48(1.05-2.07)	1.51(1.07-2.13)	1.51(1.06-2.15)	1.45(1.02-2.05)
301-450	1 (ref)	1 (ref)	1 (ref)	1 (ref)	1 (ref)	1 (ref)
451-700	1.26(0.73-2.15)	1.31(0.77-2.24)	1.23(0.73-2.08)	1.27(0.75-2.15)	1.28(0.75-2.18)	1.26(0.72-2.20)
> 700	1.73(1.18-2.53)	1.76(1.20-2.59)	1.89(1.30-2.73)	2.04(1.42-2.92)	2.00(1.39-2.86)	1.95(1.36-2.79)

N=1,422 patients and n=222 deaths;

Model 1: stratified by GCC region and adjusted for age

Model 2: model 1 adjustments + sex, years on dialysis, body mass index

Model 3: model 2 adjustments + comorbidities (diabetes, coronary artery disease, cerebrovascular disease, congestive heart failure, other cardiovascular disease)

Model 4: model 3 adjustments + serum creatinine, single pool Kt/V (model for figure 1)

Model 5: model 4 adjustments + serum albumin (<3.2, 3.2-4.0, >4.0 g/dL)

Model 6: model 5 adjustments + serum calcium, serum phosphate (< 3.5, 3.5-5.5, >5.5 mg/dL), and urine output > 1 cup per day

Supplemental Table 2: PTH categories and cardiovascular mortality in the GCC DOPPS (2012-2018)

PTH, pg/mL	HR for mortality (95% CI)	
	All-cause (1,422 pts, 222 deaths)	CV mortality (1,352 pts*, 107 CV deaths)
< 150	1.46(0.93-2.28)	1.38(0.81-2.35)
150-300	1.51(1.07-2.13)	1.47(0.90-2.40)
301-450	1 (ref)	1 (ref)
451-700	1.27(0.75-2.15)	1.14(0.55-2.36)
> 700	2.04(1.42-2.92)	1.85(1.06-3.23)

Adjusted for age, sex, vintage, body mass index, comorbidities (diabetes, coronary artery disease, cerebrovascular disease, congestive heart failure, other cardiovascular disease), serum creatinine, and single pool Kt/V; stratified by GCC region and phase (same adjustments as Figure 2)

* Excludes 70 deaths patients with missing cause; other causes of mortality treated as censoring events